STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011366	A. BUILDING _____ B. WING _____	R-C 02/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON AT KOKOMO THE	2800 S DIXON RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00101449 completed on 12/21/11. Complaint IN00101449: Corrected Survey date: February 14, 2012 Facility number: 011366 Provider number: 011366 AIM number: n/a Survey team: Toni Maley, BSW, TC Shelley Reed, RN Census bed type: Residential: 35 Total: 35 Census payor type: Other: 35 Total: 35 Sample: 3 The Wellington of Kokomo was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00101449. Quality review 2/15/12 by Suzanne Williams, RN	{R 000}		